



# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS OF CARE COMMITTEE MEETING MINUTES

September 2, 2010

Approved  
3/3/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Robert Butler	Susan Youngs	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Brad Land	Jason Wise		Glenda Pinney
Mark Davis	Jenny O'Malley			Craig Vincent-Jones
Louis Guitron	Jennifer Sayles			
David Giugni				
Terry Goddard				
Carlos Vega-Matos				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 9/2/2010
- 2) **Minutes:** Standards of Care Committee Meeting Minutes, 1/7/2010
- 3) **Minutes:** Standards of Care Committee Meeting Minutes, 8/5/2010
- 4) **Table:** Standards of Care (SOC) Committee FY 2010 Work Plan, 9/2/2010
- 5) **Poster:** Creating the Fundamentals for a Service Delivery System, 8/23/2010
- 6) **Survey:** Evaluation of Service Effectiveness (ESE), Provider Survey for Medical Outpatient/Specialty, Pharmaceutical/Medication Access (ADAP/ADAP Enrollment and Local Drug Program), and Mental Health, Psychiatry Services, 8/3/2010
- 7) **Letter:** HIV Medical Outpatient Provider (HMOP) Caucus, 9/1/2010

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:20 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order with Items 9.A., 9.B., 10 and 14 postponed (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 1/7/2010 and 8/5/2010 Standards of Care Committee meeting minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** There was no report.
  - A. **Review of Committee Work Plan:** There was no additional information.
  - B. **Report on RW 2010 All Grantees Meeting:**
    - Dr. Younai reported the Commission presented five workshops and a poster at 2010 All Grantees. The poster won an award and Dr. Younai will present it at the AETC annual retreat in September. Copies were in the packet.

- Workshops, three with OAPP, were: Decision Analysis, Use of Data in Planning and Quality, Service Effectiveness, Continuum of Care and Standards of Care, and Medical Care Coordination (MCC) Planning and Implementation. Juhua Wu, OAPP, will present her portion of MCC at the September Commission meeting. All were well-received.
- Mr. Vega-Matos felt Los Angeles was well ahead of others. A New York MCC presentation offered an interesting comparison. They use a lower training level and patient navigators (peers) have allocated \$25 million and begun training for 28 funded agencies. With three times Los Angeles' clients, they expect to enroll about the same 4,000 clients.
- He noted significant interest in Service Effectiveness, especially since there are several years of data for the Performance-Based Monitoring piece. Florida and several other jurisdictions are expected to call for more information.
- Dr. Davis said Jeannie White held a touching small group session to discuss her son, Ryan, and legislation history.

## **8. EVALUATION OF SERVICE EFFECTIVENESS (ESE):**

### **A. Innovation Perspective: Provider Surveys:**

- Mr. Vincent-Jones noted the HIV Medical Outpatient Provider (HMOP) Caucus letter in the packet. Nettie DeAugustine also commented that the survey was reasonable and data available though some might be harder to compile than others. Ms. Palmeros added East Valley thanked the Commission for its Standards of Care work. They want to respond, but feel they may have insufficient staff for some questions and suggest an "N/A" or "do not collect" option.
- Mr. Vincent-Jones said Northeast Valley Health Corporation told the Commission in August that it was ready to begin the survey. The Department of Health Services (DHS) has also committed to participation by its providers.
- Dr. Younai felt the "service effectiveness" term confuses some into thinking the survey is broader than it is and impinges on OAPP work. In fact, it mainly identifies the percentage of providers using services/retention in care best practices found in the literature review. OAPP provided most outcome data with just a few survey questions on data gaps.
- Mr. Vincent-Jones said only a few Medical providers and none of the six Oral Health providers have responded negatively. The only Oral Health survey changes will be to maintain consistency with the finalized Medical survey.
- The Committee reviewed issues raised in the HMOP letter as follows:

#### **1.a. OAPP Data:**

- Mr. Vega-Matos said how questions are asked determines whether OAPP can provide data. For example, OAPP can identify how many people visit a clinic with Casewatch, but not which ones are Ryan White-funded. On the flip side, OAPP can identify psychiatric services they fund, but not whether other psychiatric services are provided. He noted OAPP collects data to measure quality of a provider's contracted service, but not overall service effectiveness.
- The unduplicated patients question is to verify data from OAPP and to establish a universal denominator.
- Mr. Vincent-Jones noted service effectiveness measures different things than quality management does, e.g., a service may be of high quality, but not cost-effective. The Commission measures service effectiveness as financial, innovation, outcomes and customer satisfaction. Agencies do collect the latter, but in widely different ways. OAPP data is used where possible, e.g., OAPP Continuous Quality Improvement (CQI) data is 95% of data for outcome evaluation and effectiveness and OAPP is also providing data that forms the base for the financial assessment.
- He added the Commission has searched for other sources of data and not found them.

#### **1.b.-c. Time Burden:**

- Mr. Vincent-Jones said only a few providers find the time to respond overwhelming. Most plan to find a way to do it. The Commission identified service effectiveness as a system priority and has worked to simplify the process.
- Mr. Vega-Matos said OAPP continues to look at how to improve data collection that would allow more to be used. They have not yet resolved the question of whether and, if so, how they should collect non-Ryan White data.
- Mr. Vincent-Jones noted he helped develop OAPP's data collection system. It does not distinguish between Ryan White and other systems as clients may access services from a variety of funding streams. Except for managed care plans, providers do not offer different services to clients with different funding and it would probably not be legal to do so.
- A sub-denominator identifies a subset of services that do not apply to all clients, e.g., Medical Case Management.
- Mr. Vincent-Jones emphasized innovation data by definition pertains to best practices, not common ones, which are not required for contracts. Most clinics do not collect such data, but most nurse practitioners can give a percentage of their patients who receive such services. That is why a percentage is requested rather than a hard

number. The goal is to identify basic trends using self-reported data such as is used for other areas, e.g., customer satisfaction.

- Ms. Youngs felt the methodology not viable, but Mr. Vincent-Jones noted it was approved by Amy Wohl, Chief Epidemiologist, HIV Epidemiology Program. He added it was important to appreciate data use. Trends are not being determined on a 58% versus 59% use variance, but more like a 25% versus 90% variance with a standard deviation. The best practices section is also only about 10% of the final balanced scorecard. No individual agency's score will affect overall data. Dr. Younai noted as the first survey experience refinements will no doubt occur over time.

**2.c. Question Specificity:**

- Dr. Younai noted the UCLA School of Dentistry did not collect broken appointment data until Ryan White asked for it some three years ago. They now do and find it helpful. Agencies that do not do it now may choose to do so in future. Mr. Vega-Matos said he knows of just two agencies that have adapted Casewatch to track appointments.
- Dr. Younai said electronic scheduling can use a code to identify no show or rescheduled by provider or by client.
- Mr. Guitron noted confusion on what constitutes a "broken appointment." Dr. Younai said UCLA defines it as an empty chair regardless of the reason as that determines clinic productivity.
- Mr. Vincent-Jones noted the survey addresses rescheduling appointments, but it could be clarified further.
- Mr. Vega-Matos noted there are two perspectives. If a patient is rescheduled, then that client's appointment was not missed. Resources might still be underutilized though if another client is not scheduled in the original slot.
- Dr. Younai noted some patients reschedule continuously, but do not come in for treatment. The questions were developed from literature on reducing no shows. Ms. Palmeros added upcoming fee-for-service emphasizes outreach, engagement and retention, so her clinic is aggressive in bringing in those who miss appointments.
- Mr. Vincent-Jones said broken/missed appointments are one of the outcomes. Mr. Vega-Matos said it is important to know the percentage of missed appointments in the system and how many clinics use best practices to reduce them.

**3.b. Data Accuracy for Purpose:**

- HMOP expressed concern that agencies collecting data from different sources with different methodologies would result in data that misrepresents trends. Mr. Vega-Matos felt HMOP was especially concerned with differences between larger and smaller agencies as the same percentage of patients surveyed from each would result in a significantly different patient sample pool and resources needed to survey it.
- Dr. Younai emphasized this survey is designed only to generate a broad overview of best practices in the system with an overall percentage and upper/lower limits. It is 10% of the full ESE score versus 35% for the financial section and 55% for outcomes. It was agreed to add more contextual information to the survey as noted below.
- Mr. Vega-Matos said HMOP concerns may be more of a reaction to recent OAPP work than to the survey itself. OAPP has been streamlining services such as Case Management, Psychosocial and assuring performance and outcome data is collected and consistent, e.g., diagnosis, GAF score and other items have been added to Casewatch.
- Mr. Guitron said APLA now allots two hours for an initial case manager assessment, including a data dump from their system to Casewatch. He thought it would take one hour per patient in the sample to complete the survey. That would amount to 750 hours for 15% of 5,000 patients, which would be burdensome for staff.
- Mr. Vega-Matos felt larger agencies would find extrapolation harder, but Mr. Vincent-Jones noted options to obtain the standard 15% sample, e.g., 15% of staff could be pulled together for a two-hour review of their patients' data. One of the findings anticipated is the use of a best practice in larger versus smaller clinics, so both are important.
- HMOP also felt the sample pool was not clearly defined especially as some Ryan White funded services also cover Medi-Cal patients. Clarifying language was developed as noted below under "HMOP 3.b."
- The HMOP suggestion to add a "Not Applicable (NA)" checkbox for data not regularly tracked was considered at the 8/5/2010 SOC meeting. The Committee was concerned an NA option would be used for too many responses for categories of questions where data is not typically requested. It added a comment box instead.
- Mr. Goddard asked if the Commission could provide help. Mr. Vincent-Jones said that constituted a conflict of interest.
- Mr. Goddard suggested delaying the survey 12 months and having providers collect data in the interim. Mr. Vincent-Jones said the Commission cannot require that and consumers would be displeased with the delay. Contracts do

include a provision that requires providers to submit data additional to routine contract monitoring from time to time. Mr. Vega-Matos noted its own surveys often have missing data, but they try to fill in the gaps to the extent possible.

- ➡ Ms. Palmeros and Mr. Guitron will forward additional comments submitted electronically that were not received.
- ➡ Mr. Vincent-Jones will work with OAPP to see if any other questions can be replaced by Casewatch data.
- ➡ An earlier survey iteration included an introductory section that explained how the survey fit into overall ESE, including survey goals and the percentage weight of each balanced scorecard perspective. That section was later removed for brevity at the suggestion of providers. The Committee decided to restore it so that providers would see survey data collection in the proper context.
- ➡ HMOP 1.c. and 2.c.: Mr. Vincent-Jones and Mr. Vega-Matos will review these items.
- ➡ HMOP 2.a.: An explanation of the denominator will be provided.
- ➡ HMOP 2.b.: Definition of “formal linkage” is making an appointment for a client. “Linked referral” includes follow-up to ensure the client attended the appointment and is collected in outcome data from Casewatch.
- ➡ HMOP 3.b.: Regarding the Medi-Cal issue, use “clients in your Ryan White-funded Medical Outpatient clinics” and provide explanation that the full client base is requested if any one of the clinic’s funding streams is Ryan White.
- ➡ The ESE Work Group will hold a conference call on additional comments by 9/7/2010 in order to finalize the survey for presentation to the September Commission meeting.

**B. Internal Perspective: Outcome Evaluation:** This item was postponed.

**9. STANDARDS OF CARE:** This item was postponed.

**10. GRIEVANCE POLICY AND PROCEDURES:** This item was postponed.

**11. TESTING LINKED TO CARE (TLC):** This item was postponed.

**12. CONTINUUM OF CARE:** This item was postponed.

**13. PRIORITY- AND ALLOCATION-SETTING RECOMMENDATIONS:** There was no report.

**14. POLICIES AND PROCEDURES:** This item was postponed.

**15. COMMITTEE MATERIALS:** There were no additional updates.

**16. AETC REPORT:** This item was postponed.

**17. NEXT STEPS:** There was no additional discussion.

**18. ANNOUNCEMENTS:** There were no announcements.

**19. ADJOURNMENT:** The meeting was adjourned at 12:15 pm.